

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2013 JUL 25 AM 8:51

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FEC MAIL CENTER

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

ADDRESS (number and street)

164 W HOSPITALITY LANE SUITE 103



Check if different
than previously
reported. (ACC)

SAN BERNARDINO

CA

92408-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00418391

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb. 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

State

(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

State

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Deborah Ruth Hagar

Signature of Treasurer

Deborah R. Hagar

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

Report Covering the Period:

From:

01 / 01 / 2013

To:

06 / 30 / 2013

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1,

2013

139.11

(b) Cash on Hand at
Beginning of Reporting Period.....

139.11

(c) Total Receipts (from Line 19)

0

0

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

139.11

139.11

7. Total Disbursements (from Line 31)

20.00

20.00

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

119.11

119.11

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

5000.00



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

13031100154

Page 3

Write or Type Committee Name

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2013

To:

06 30 2013

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 11. Contributions (other than loans) From:**

- (a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....

- (ii) Unitemized

- (iii) TOTAL (add
Lines 11(a)(i) and (ii).....▶

- (b) Political Party Committees

- (c) Other Political Committees
(such as PACs).....

- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)

12. Transfers From Affiliated/Other Party Committees.....

- 13. All Loans Received.....**

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

- 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....**

17. Other Federal Receipts
(Dividends, Interest, etc.).....

- ### 18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account
(from Schedule H3).....

- (b) Levin Funds (from Schedule H5)

- (c) Total Transfers (add 18(a) and 18(b))..

- 19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶**

- 20. Total Federal Receipts**
(subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE of Disbursements

Page 4

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- [illegible]

FE6AN026

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-
penditures**

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

0
0
0
20.00
0
20.00

0
0
0
20.00
0
20.00

13031100157

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 6 OF 7

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Hagan, Deborah R.

Mailing Address

164 W. Hospitality Lane, 1B

City San Bernardino

State CA

ZIP Code 92408

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

ADVOCACY

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM/DD/YYYY

MM/DD/YYYY

2008

MM/DD/YYYY

12/31

2013

0 % (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

5000.00

TOTALS This Period (last page in this line only) ▶

5000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

PAGE 7 OF 7
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

COALITION FOR SAFE AND AFFORDABLE HEALTH CARE

A. Full Name (Last, First, Middle Initial)

WELLS FARGO BANK

Mailing Address

334 W. 3rd STREET

City

SAN BERNARDINO

State

CA

Zip Code

92401

Purpose of Disbursement:

BANKING FEES

Activity or Event Identifier:

0.0.1

Category/
Type

Allocated Activity or Event:

- ☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2000

Date

06 / 30 / 2013

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2000

0

2000

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2000

0

2000

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

2000

0

2000

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☒ USPS First Class Mail Postmarked

☐ USPS Registered/Certified Postmarked (R/C)

☐ USPS Priority Mail Postmarked

☐ USPS Express Mail Postmarked

☐ Postmark Illegible

☒ No Postmark

☐ Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked

Chm10

PREPARER

(7/2013)

7/25/13

DATE PREPARED

13031100160